

## CLAIMS ONLY

Application Number

10-717399

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1										
2										
3										
4										
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44										
45										
46										
47										
48										
49										
50										
Total Indep			11	4						
Total Depend			19	19						
Total Claims			23	23						